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| <b>Department of Health &amp; Welfare</b><br><b>Bureau of Facility Standards</b><br><b>Residential Care and Assisted Living Checklist</b>  | Version Date: 5/06<br>Page 1 of 2<br><br><b>Checklist #16</b> |           |
| <b>Functional Area: Furnishings, Equipment, Supplies and Basic Services</b>  | Yes = In Compliance<br>No = Further Action                    |           |
| <b>Objective:</b> Ensure facilities provide certain equipment, supplies and basic services at no additional cost to the resident.  |   |           |
| <b>Specific Criteria</b>   | <b>Yes</b>  | <b>No</b> |
| <b>Requirements: IDAPA 16.03.22.430</b>  |   |           |
| 1. Does the facility provide all items as described and listed below from Section 430 at no additional cost to the resident? {IDAPA 16.03.22.430}  |   |           |
| 2. Does the facility provide well designed and constructed furnishings that meet the needs of each resident; including reading lamps, tables, and comfortable chairs or sofas?<br>a. Are all items in good repair, clean and safe?<br>{IDAPA 16.03.22.430.01}  |   |           |
| 3. Does the facility provide comfortable furnishings and individual storage, such as a dresser for personal items, for each resident in each sleeping room?<br>a. Are all items in good repair, clean and safe?<br>1. {IDAPA 16.03.22.430.02}  |   |           |
| 4. Is each resident provided with his own bed, which will be at least 36 inches wide, well constructed, lean, and in good repair?<br>a. Does the facility assure roll-away beds, cots, folding beds, or double bunks are not allowed?<br>b. Does the facility assure bed springs are in good repair, clean and comfortable?<br>c. Is the mattress the right size for the bed?<br>d. Are the bed mattresses clean and odor free?<br>e. Does the facility provide a pillow? {IDAPA 16.03.22.430.03}      |   |           |
| 5. Does the facility have at least 1 telephone that is available for use to all residents?<br>a. Is the telephone placed so the resident has privacy while using it? {IDAPA 16.03.22.430.04}   |   |           |
| 6. Does the facility offer the following basic services at no additional cost to the resident:<br>a. Room?<br>b. Board?<br>c. Activities of daily living services?<br>d. Supervision?<br>e. Assistance and monitoring of medications?<br>f. Laundering of linens owned by the facility?<br>g. Coordination of outside services?<br>h. Arrangements for emergency transportation?<br>i. Emergency interventions?<br>j. First aid?<br>k. Housekeeping services? Maintenance?<br>(continued on next page) |   |           |

